

**DELDOT SNOW REMOVAL REIMBURSEMENT PROGRAM  
APPLICATION FORM**

Date: \_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: Linda Stump  
DeIDOT Admin. Bldg.  
P.O. Box 778  
Dover, DE 19903-0778

This letter requests registration for the Snow Removal Reimbursement Program. It is understood that once registration is accepted it will remain in effect until we notify DeIDOT that we no longer wish to participate.

This request is made in cooperation with the following subdivisions, for which my organization will act as lead for snow removal contracting purposes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we certify that, in conjunction with the snow removal services for which reimbursement will be requested under HB 544, only licensed and insured contractors will be used. It is further understood that DeIDOT disclaims any responsibility for damages to private property or persons as a result of contractor work under this program. Resolution of damage claims shall rest solely between the private parties involved.

A voided association check with our employer identification (EI) number shown (or other evidence of an association bank account and EI or social security number) is appended for DeIDOT's use in establishing an account payable record. It is understood that DeIDOT will issue reimbursements in check form only, payable only to the organization we represent. We have authorized the primary contact person below to submit reimbursement requests.

To communicate with this association on snow removal matters, including all questions relative to billings, it is requested that you contact the person(s) named below. We will advise you promptly in the event there are any changes.

Organization Contact Person	Home Phone Number	Work Phone Number	EI Number or SSN
Contact Address (For correspondence)	Association Address (For mailing payments)		

Signed: \_\_\_\_\_  
Association President

\_\_\_\_\_  
Association Secretary (or other officer)